

JUN 19 2006

DECLARATION AND POWER OF ATTORNEY USA/PCT

As a below named inventor, I hereby declare that:

- (a) My residence and Citizenship are as stated below my name. My P.O. (mailing) address is the same as my residence unless otherwise stated.
(b) I verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter that is embraced by and for which a patent is sought on the invention entitled: **CATALYSTS HAVING ENHANCED STABILITY, EFFICIENCY AND/OR ACTIVITY FOR ALKYLENE OXIDE PRODUCTION**

and the specification of which: is attached hereto (____).
(check one) was filed on October 7, 2004 as (62397A).
Application No. PCT/US2004/033219
and was amended on _____

- (c) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.
 - (d) I acknowledge my duty under 37 CFR 1.56 to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) that became available between the filing date of the prior application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application.
 - (e) I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below or §365(a) of any PCT international application that designated at least one country other than the United States of America listed below, and also identify below any other foreign equivalent application for patent or inventor's certificate or any other equivalent PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)			PRIORITY CLAIMED	CERTIFIED COPIES INCL.
Number	Country or PCT	Day/Month/Year Filed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Additional claims for benefit are attached.				

I hereby Claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below, or under 35 U.S.C. §120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States of America listed below:

US or PCT Appln. Serial No. 60/511,975 **Filing Date** October 16, 2003 **Status at Application Filing Date** Pending

Additional claims for benefit are attached.

I hereby appoint the attorney(s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all correspondence to appointed counsel at:

00109

This appointment, including the right to delegate this appointment, shall also apply to the same extent it is applicable under the laws of the United States of America to any proceedings established by the Patent Cooperation Treaty.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

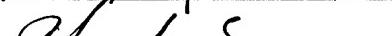
Inventor(s):

At: _____
this 18 day of May, 2006

Signature: Juliana G. Serafin
Full Name: **Juliana G. Serafin**
Residence: **1534 Quarrier Street**
Charleston, West Virginia 25311
Country: **United States of America**
Citizenship: **United States of America**
P. O. Address: **same as residence**

At: _____
this 22 day of May, 2006
Signature: S Razi Seyedmonir
Full Name: Seyed R. Seyedmonir
Residence: 417 Woodbridge Drive
Charleston, West Virginia 25311
Country: United States of America
Citizenship: United States of America
P. O. Address: same as residence

At: this 18 day of May, 2006
Signature: A. Liu
Full Name: Albert C. Liu
Residence: 1534 Quarrier Street
Charleston, West Virginia 25311
Country: United States of America
Citizenship: United States of America
P. O. Address: same as residence

At:	<u>this</u>	<u>78</u>	day of	<u>May</u>	, 20	<u>06</u>
						
Signature:	<u>Hawaii Soo</u>					
Full Name:	Hawaii Soo					
Residence:	116 East Ridge Road					
	Charleston, West Virginia 25314					
Country:	United States of America					
Citizenship:	United States of America					
P. O. Address:	same as residence					

Additional names and signatures are attached.



JUN 10 2006

Additional names, addresses and signatures to be attached to Form No. 1000

Entitled: **DECLARATION AND POWER OF ATTORNEY**

At: STOW, OHIO
this 3 day of MAY, 2006

Signature: *John Szymanski*
Full Name: Thomas Szymanski
Residence: 2705 Blue Heron Drive
City, State, Zip: Hudson, Ohio 44236
Country: United States of America
Citizenship: United States of America
P. O. Address: same as residence

At: _____
this ____ day of _____, 20____

Signature:
Full Name:
Residence:
City, State, Zip:
Country:
Citizenship:
P. O. Address:

At: _____
this _____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

At: _____
this ____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

At: _____
this ____ day of _____, 20____

Signature: _____
Full Name:
Residence:
City, State, Zip:
Country:
Citizenship:
P. O. Address:

At: _____
this _____ day of _____, 20____

Signature: _____
Full Name: _____
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City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

At: _____
this ____ day of _____, 20____

Signature: _____
Full Name:
Residence:
City, State, Zip:
Country:
Citizenship:
P. O. Address:

At: _____
this ____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____